

Fill in this information to identify the case:

Debtor name Iddings Trucking, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 29, 2016

X /s/ George C. Loeber

Signature of individual signing on behalf of debtor

George C. Loeber

Printed name

President

Position or relationship to debtor

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United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO
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Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ENGS 2441 Warrensville Rd., #310 Lisle, IL 60532	630-405-5814	Deficiency on trailer loan				\$245,411.00
Beery & Spurlock Co. LPA 275 East State Street Columbus, OH 43215	Mike Spurlock 614-228-8575	Professional Services				\$142,883.45
Ron Cain 4525 Lightner Ridge Rd. Stockport, OH 43787	740-559-2334	Owner-operator				\$117,191.27
Brower Insurance Agency, LLC PO BOX 37 Dayton, OH 45401	937-228-4135	Insurance				\$57,347.50
Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030		State taxes				\$55,841.94
Paragon Tank Trailor Sales, LLC 400 E. Wisconsin St. Suite 300 Milwaukee, WI 53202	770-387-3820					\$48,000.00
Westfield Bank, FSB PO Box 551 Medina, OH 44258	800-368-8930					\$46,241.38
L and T 3420 Sciota tangy Rd. Columbus, OH 43221	Tim Wright 352-302-2819					\$43,252.63

Debtor Iddings Trucking, Inc.
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ohio Bureau of Workers Compensation Law Section Bankruptcy Unit P O Box 15567 Columbus, OH 43215-0567		Premiums				\$37,542.64
Ohio Dept. of Job & Family Services Office of Legal Services 30 East Broad Street, 31st Floor Columbus, OH 43218-2404		Unemployment				\$35,659.05
United Healthcare 185 Asylum St. Burlington, CT 06013-3408		Premiums				\$34,308.00
MLW 7864 Springs Mills Drive Canal Winchester, OH 43110	Michael Wright 352-302-1466					\$29,798.45
AGCS Marine Insurance Company PO BOX 0522 Carol Stream, IL 60132	800-882-6919	Insurance				\$29,102.89
Unifirst Corporation 3 Progress Way Clarksburg, WV 26301	304-624-9715					\$28,755.24
Hill Idealease, LLC PO Box 218 Martins Ferry, OH 43935	740-633-3011					\$27,723.47
Tom Brown 43890 Vernon Hughes Rd Caldwell, OH 43724	740-732-5921	Owner-operator				\$26,375.59
VISA*4043 PO Box 15153 Wilmington, DE 19886		Credit card purchases				\$25,158.50
Miller's AM/PM, LLC 2889 ST RT 821 Marietta, OH 45750	740-373-2676					\$20,704.93
Brenda Waldron 1874 Masonic Oak Rd. Marietta, OH 45750	740-374-9658	Owner-operator				\$20,480.81

Debtor Name	Iddings Trucking, Inc.			Case number (if known)
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. Total claim, if partially secured Deduction for value of collateral or setoff Unsecured claim
Lincoln Financial Group PO Box 7247-0439 Philadelphia, PA 19170				\$19,679.44